

2014 City of Springfield COBRA Monthly Insurance Premiums
Effective January 1, 2014 – December 31, 2014



Medical plus Dental Total Due:

Coverage Type:	HIP	PPO
Single	\$ 633.21	\$ 760.85
Two party	\$1,352.54	\$ 1,633.20
Family	\$1,873.93	\$ 2,256.49

Medical *Only* Total Due:

Coverage Type:	HIP	PPO
Single	\$ 566.91	\$ 694.55
Two party	\$1,246.40	\$ 1,527.06
Family	\$1,698.87	\$ 2,081.43

Dental *Only* Total Due:

Coverage Type:	HIP	PPO
Single	\$ 66.30	\$ 66.30
Two party	\$ 106.14	\$ 106.14
Family	\$ 175.05	\$ 175.05